TRAVEL AUTHORIZATION REQUEST
ATTACHMENT R

Industry Partner:
Client:

Travel#
Date:
Project Name:
Project ID/IA#
Contract/Task Order:

	Last Inv. Submitted

TO: FEDSIM Contracting Officer Representative

CLIN# Value: $0.00
CUM AMT BILLED: $0.00
BALANCE: $0.00

FROM: Requestor:
THROUGH: Client POC

ESTIMATE: $0.00
BALANCE: $0.00

SUBJECT: Travel Authorization Request #

Client Point of Contact: **IP Project Manager:**

Purpose/Justification of Request:

The personnel who will support the above effort at this site is: Please note that a separate travel request form should be submitted for each individual traveler.

Travelers:

Name:	Company:	Subcontractor POC:
		Name:
		Address:
		City:
		Phone:
		E-Mail:
		Subcontract Purchase Order:

Travel Itinerary:

Departure:	Date	Destination	Return:	Date	Destination
Leave			Leave		
Arrive			Arrive		
Leave			Leave		
Arrive			Arrive		
Leave			Leave		
Arrive			Arrive		

Below is the estimated cost of the trip for the contractors:

ITEM	COST
Travel (CLIN X00X):	**$0.00**
Airfare: @	
Per Diem: @	
Hotel: @	
Other: car rental	
Other Direct Costs (CLIN X00X)	**$0.00**
Post Differential Pay	
Other	
Subtotal Amount:	**$0.00**
Material Handling Cost:	
General & Administrative (G & A) Cost:	
Total ODC Cost (CLIN X00X):	
Total Travel Cost (CLIN X00X):	
Total Trip Cost NTE:	**$0.00**

Remarks: The estimated cost of travel must represent the Government's best estimate. The amount of obliated for this line item may be increased unilateraly by the Government if such action is deeemed advantageous. Travel costs shall be reimbursed in accordance with Federal Travel Regulations (FTR).

Please contact me at (area code) 000-0000 if you have any concerns or questions.

Industry Partner Request: FEDSIM Approval: Client Acceptance:

Signature   Signature   Signature

Date   Date   Date